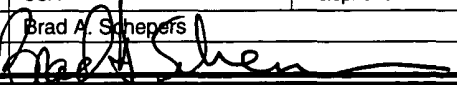
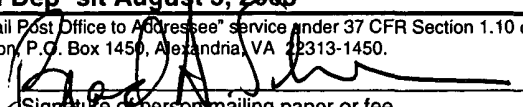


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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR § 1.53(b))</small>		Attorney Docket No.	4002-3357/PC934.00		
		First Inventor	Russ II Powers		
		Title	SURGICAL KIT AND METHOD FOR PROVIDING STERILIZED EQUIPMENT FOR USE IN SPINAL SURGERY		
		Express Mail Label No.	EL984269743US		
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>			ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450, Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <small>(submit an original and a duplicate for fee processing)</small>			7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
			8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <input type="checkbox"/> CD-ROM or CD-R (2 copies); or <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies		
3. <input checked="" type="checkbox"/> Specification [Total Pages 35] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure			ACCOMPANYING APPLICATION PARTS		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4] <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal					
5. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</small>					
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76					
18. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner: _____ Group / Art Unit: _____					
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		<div style="border:1px solid black; width:150px; height:20px; background-color: #cccccc;"></div> <small>(Insert Customer No. or Attach bar code label here)</small>		<input checked="" type="checkbox"/> Correspondence address below	
Name		Woodard, Emhardt, Moriarty, McNett & Henry LLP			
Address		Bank One Center/Tower 111 Monument Circle, Suite 3700			
City		Indianapolis	State	IN	Zip Code 46204-5137
Country		USA	Telephone	(317) 634-3456	Fax (317) 637-7561
Name (Print/Type)		Brad A. Schepers		Registration No. (Attorney/Agent)	45,431
Signature				Date	August 5, 2003
Express Mail Label Number EL984269743US			Date of Dep sit August 5, 2003		
I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450. <div style="text-align: right;"> Signature of person mailing paper or fee</div>					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.

08/05/03

14230 U.S. PTO

WEMMH/SB/17 (4/03)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

Complete if Known

Application Number **New**
 Filing Date **August 5, 2003**
 First Named Inventor **Russell Powers**
 Group Art Unit
 Examiner Name

Total Amount of Payment **(\$1,420.00)**Attorney Docket Number **4002-3357/PC934.00**

METHOD OF PAYMENT

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number **23-3030**

Deposit Account Name **Woodard, Emhardt, Moriarty, McNett & Henry LLP**

The Commissioner is authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility Filing Fee	750
1002	330	2002	165	Design Filing Fee	
1003	520	2003	260	Plant Filing Fee	
1004	750	2004	375	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1)					(\$ 750.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee From Below	Fee Paid
55	-20** = 35	X 18 = 630	
Independent Claims	3	-3** = 0	X 84 = 0
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
	18		9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	
1205	18	2205	9	

SUBTOTAL (2) **(\$ 630.00)**

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900

Other Fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$ 40.00)**

SUBMITTED BY

Name (Print/Type)

Brad A. Schepers

Registration No.
(Attorney/Agent)

45,431

Telephone

(317) 634-3456

Signature

Brad A. Schepers

Date

August 5, 2003

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